

		FOR OHF USE					

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2000
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2000)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION
THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY
PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE
OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE
ANY INFORMATION ON OR BEFORE THE DUE DATE WILL
RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM
HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH Facility ID Number: <u>0042093</u></p> <p>Facility Name: <u>THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE AT 87TH STREET</u></p> <p>Address: <u>2940 West 87th Street</u> <u>Chicago</u> <u>60652</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(773) 434-8787</u> Fax # <u>(773) 434-8717</u></p> <p>IDPA ID Number: <u>36-3945570</u></p> <p>Date of Initial License for Current Owners: <u>7/19/1999</u></p> <p>Type of Ownership:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steve N. Lavenda</u> Telephone Number: <u>(847) 236-1111</u></p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/00</u> to <u>12/31/00</u> and certify to the best of my knowledge and belief that the said content: are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment</p> <table style="width: 100%;"> <tr> <td style="width: 20%;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> </tr> <tr> <td></td> <td>(Title) _____</td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) <u>SEE ACCOUNTANT'S REPORT ATTACHED</u> (Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Noshir Daruwalla, C.P.A.</u></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>FROST, RUTTENBERG & ROTHBLATT, P.C.</u> <u>111 Pfingsten Rd. , Suite 300, Deerfield, IL 60015</u></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u></td> </tr> </table> <p style="text-align: center;">MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Date) _____		(Type or Print Name) _____		(Title) _____	Paid Preparer	(Signed) <u>SEE ACCOUNTANT'S REPORT ATTACHED</u> (Date) _____		(Print Name and Title) <u>Noshir Daruwalla, C.P.A.</u>		(Firm Name & Address) <u>FROST, RUTTENBERG & ROTHBLATT, P.C.</u> <u>111 Pfingsten Rd. , Suite 300, Deerfield, IL 60015</u>		(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																					
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Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE AT 87TH # 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	204	Skilled (SNF)	204	74,664	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	204	TOTALS	204	74,664	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	39,569	4,293	10,435	54,297	8
9	SNF/PED					9
10	ICF	10,839	2,228	244	13,311	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	50,408	6,521	10,679	67,608	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 90.55%

D. How many bed-hold days during this year were paid by Public Aid?

2,114 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

N/A

F. Does the facility maintain a daily midnight census?

YES

G. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?

YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 07/21/1999

J. Was the facility purchased or leased after January 1, 1978?

YES ☒ Date New Construction NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number
of beds certified 78 and days of care provided 8,539

Medicare Intermediary Administar Federal

IV. ACCOUNTING BASIS

ACCURAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/00 Fiscal Year: 12/31/00

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. # 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
1	Dietary	291,600	58,984	10,742	361,326		361,326		361,326			1
2	Food Purchase		321,163		321,163	(28,987)	292,176	(2,017)	290,159			2
3	Housekeeping	28,257	33,796	268,445	330,498		330,498		330,498			3
4	Laundry	7,657	16,162		23,819		23,819		23,819			4
5	Heat and Other Utilities			145,193	145,193		145,193	(9,152)	136,041			5
6	Maintenance	67,719	32,936	133,148	233,803		233,803	1,252	235,055			6
7	Other (specify):*							(18)	(18)			7
8	TOTAL General Services	395,233	463,041	557,528	1,415,802	(28,987)	1,386,815	(9,935)	1,376,880			8
9	B. Health Care and Programs											
9	Medical Director			42,750	42,750		42,750		42,750			9
10	Nursing and Medical Records	2,827,527	169,393	227,828	3,224,748		3,224,748	931	3,225,679			10
10a	Therapy	62,292		26,626	88,918		88,918		88,918			10a
11	Activities	200,320	24,709		225,029		225,029		225,029			11
12	Social Services	106,937		37,811	144,748		144,748		144,748			12
13	Nurse Aide Training	22,704		5,162	27,866		27,866		27,866			13
14	Program Transportation			2,510	2,510		2,510	1,693	4,203			14
15	Other (specify):*							172	172			15
16	TOTAL Health Care and Programs	3,219,780	194,102	342,687	3,756,569		3,756,569	2,796	3,759,365			16
17	C. General Administration											
17	Administrative	120,009		457,945	577,954		577,954	(203,554)	374,400			17
18	Directors Fees											18
19	Professional Services			184,132	184,132		184,132	(61,498)	122,634			19
20	Dues, Fees, Subscriptions & Promotions			223,122	223,122		223,122	(187,227)	35,895			20
21	Clerical & General Office Expenses	281,971	69,336	108,685	459,992		459,992	89,530	549,522			21
22	Employee Benefits & Payroll Taxes			675,009	675,009	28,987	703,996	(13,750)	690,246			22
23	Inservice Training & Education											23
24	Travel and Seminar			5,695	5,695		5,695	974	6,669			24
25	Other Admin. Staff Transportation			14,459	14,459		14,459	(13,696)	763			25
26	Insurance-Prop.Liab.Malpractice			83,349	83,349		83,349	32,766	116,115			26
27	Other (specify):*							26,672	26,672			27
28	TOTAL General Administration	401,980	69,336	1,752,396	2,223,712	28,987	2,252,699	(329,783)	1,922,916			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,016,993	726,479	2,652,611	7,396,083		7,396,083	(336,922)	7,059,161			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE AT 87TH STREET
0042093
COST REPORT RECLASSIFICATIONS
01/01/00
12/31/00

SCHEDULE V
LINE #

22	EMPLOYEE BENEFITS	28,987	
2	FOOD	28,987	

To reclass cost of employee meals from raw food to employee benefits

33	REAL ESTATE TAX		
19	PROFESSIONAL FEES		

To reclass cost of appealing real estate taxes

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			49,937	49,937		49,937	516,703	566,640			30
31	Amortization of Pre-Op. & Org.							3,964	3,964			31
32	Interest			361,293	361,293		361,293	757,504	1,118,797			32
33	Real Estate Taxes							376,812	376,812			33
34	Rent-Facility & Grounds			121,780	121,780		121,780	(112,658)	9,122			34
35	Rent-Equipment & Vehicles			3,792	3,792		3,792	5,877	9,669			35
36	Other (specify):*											36
37	TOTAL Ownership			536,802	536,802		536,802	1,548,202	2,085,004			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	9,752	388,816	656,631	1,055,199		1,055,199	30	1,055,229			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			111,996	111,996		111,996		111,996			42
43	Other (specify):*	102,184			102,184		102,184	(102,184)				43
44	TOTAL Special Cost Centers	111,936	388,816	768,627	1,269,379		1,269,379	(102,154)	1,167,225			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,128,929	1,115,295	3,958,040	9,202,264		9,202,264	1,109,127	10,311,391			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Facility Name & ID Number **THE RENAISSANCE AT BEVERLY, INC. d/b/a THE R # 0042093**Report Period Beginning: **01/01/00**Ending: **12/31/00****VI. ADJUSTMENT DETAIL****A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.****In column 2 below, reference the line on which the particular cost was included. (See instructions.)**

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer-	OHF USE	
			ence	ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(65,834)	30		9
10	Interest and Other Investment Income	(353)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(310)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(20,102)	21		18
19	Entertainment	(14,162)	25		19
20	Contributions	(24,817)	20		20
21	Owner or Key-Man Insurance	(13,750)	22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(27,522)	21		24
25	Fund Raising, Advertising and Promotional	(166,938)	20		25
26	Income Taxes and Illinois Personal				26
27	Property Replacement Tax				27
28	Nurse Aide Training for Non-Employees				28
29	Yellow Page Advertising	(221)	20		29
30	Other-Attach Schedule	(152,085)			30
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (486,094)		\$	30

OHF USE ONLY

48		49		50		51		52	
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B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	1,595,220		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 1,595,220		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ 1,109,127		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

NON-ALLOWABLE EXPENSES		Amount	Sch, V Line Reference
1	Deferred Maintenance	\$	6 1
2	Misc. Income - Meals	(124)	2 2
3	Misc. Income - Copies	(100)	21 3
4	Misc. Income - Jury Duty	(69)	21 4
5	Misc. Income - Telephone	(8)	21 5
6	Misc. Income - Food Rebate	(1,583)	2 6
7	Prior Period Legal Fees	(382)	19 7
8			8
9	C O P E	(267)	20 9
10	Trust Fees - Building Co.	(1,700)	20 10
11	Cable TV	(9,914)	5 11
12	Marketing Salary	(102,184)	43 12
13	Legal Fees - Building Co.	(17,113)	19 13
14	Accounting Fees - Building Co.	(18,641)	19 14
15			15
16			16
17			17
18			18
19			19
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21			21
22			22
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81			81
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83			83
84			84
85			85
86			86
87			87
88			88
89			89
90	Total	(152,085)	90

STATE OF ILLINOIS

Summary A

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE REN

#

0042093

Report Period Beginning:

01/01/00

Ending:

12/31/00

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary													1
2	Food Purchase	(2,017)											(2,017)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(9,914)		762									(9,152)	5
6	Maintenance			1,252									1,252	6
7	Other (specify):*			(18)									(18)	7
8	TOTAL General Services	(11,931)		1,996									(9,935)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records			931									931	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation			1,693									1,693	14
15	Other (specify):*			172									172	15
16	TOTAL Health Care and Programs			2,796									2,796	16
	C. General Administration													
17	Administrative			(217,945)	97,542	(111,944)	28,793						(203,554)	17
18	Directors Fees													18
19	Professional Services	(36,136)	35,754	1,880			(62,996)						(61,498)	19
20	Fees, Subscriptions & Promotions	(193,943)	2,815	2,693			1,208						(187,227)	20
21	Clerical & General Office Expenses	(47,801)		128,489		257	8,585						89,530	21
22	Employee Benefits & Payroll Taxes	(13,750)											(13,750)	22
23	Inservice Training & Education													23
24	Travel and Seminar			927			47						974	24
25	Other Admin. Staff Transportation	(14,162)		466									(13,696)	25
26	Insurance-Prop.Liab.Malpractice		32,536	230									32,766	26
27	Other (specify):*			18,789	2,521	355	5,007						26,672	27
28	TOTAL General Administration	(305,792)	71,105	(64,471)	100,063	(111,332)	(19,356)						(329,783)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(317,723)	71,105	(59,679)	100,063	(111,332)	(19,356)						(336,922)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE # 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(65,834)	577,775	4,762									516,703	30
31	Amortization of Pre-Op. & Org.		3,964										3,964	31
32	Interest	(353)	760,088	(2,231)									757,504	32
33	Real Estate Taxes		376,812										376,812	33
34	Rent-Facility & Grounds		(121,676)	9,018									(112,658)	34
35	Rent-Equipment & Vehicles			5,877									5,877	35
36	Other (specify):*													36
37	TOTAL Ownership	(66,187)	1,596,963	17,426									1,548,202	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers			30									30	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(102,184)											(102,184)	43
44	TOTAL Special Cost Centers	(102,184)		30									(102,154)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(486,094)	1,668,068	(42,223)	100,063	(111,332)	(19,356)						1,109,127	45

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE AT # 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
SEE ATTACHED		SEE ATTACHED		SEE ATTACHED		
				RENAISSANCE AT BEVERLY LP		BLDG PARTNSH

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	30 DEPRECIATION	\$	RENAISSANCE AT BEVERLY LP		\$ 577,775	\$ 577,775	1
2	V	31 AMORTIZATION		RENAISSANCE AT BEVERLY LP		3,964	3,964	2
3	V	26 MIP INSURANCE		RENAISSANCE AT BEVERLY LP		32,536	32,536	3
4	V	20 FEES		RENAISSANCE AT BEVERLY LP		1,115	1,115	4
5	V	19 LEGAL FEES		RENAISSANCE AT BEVERLY LP		17,113	17,113	5
6	V	19 ACCOUNTING FEES		RENAISSANCE AT BEVERLY LP		18,641	18,641	6
7	V	20 TRUST FEES		RENAISSANCE AT BEVERLY LP		1,700	1,700	7
8	V	32 INTEREST EXPENSE		RENAISSANCE AT BEVERLY LP		760,150	760,150	8
9	V	33 REAL ESTATE TAXES		RENAISSANCE AT BEVERLY LP		376,812	376,812	9
10	V	34 RENTAL INCOME	121,676	RENAISSANCE AT BEVERLY LP			(121,676)	10
11	V	32 INTEREST INCOME	62	RENAISSANCE AT BEVERLY LP			(62)	11
12	V							12
13	V							13
14	Total		\$ 121,738			\$ 1,789,806	\$ * 1,668,068	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE AT 871# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 762	\$ 762 15
16	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.		1,252	1,252 16
17	V	7 EMPLOYEE BEN. GEN. SERV.		NUCARE SERVICES CORP.		(18)	(18) 17
18	V	10 NURSING ADMIN. COMP.		NUCARE SERVICES CORP.		931	931 18
19	V	14 PROGRAM TRANSPORTATION		NUCARE SERVICES CORP.		1,693	1,693 19
20	V	15 HEALTHCARE BENEFITS		NUCARE SERVICES CORP.		172	172 20
21	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.		1,880	1,880 21
22	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.		2,693	2,693 22
23	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.		128,489	128,489 23
24	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.		927	927 24
25	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.		466	466 25
26	V	26 INSURANCE		NUCARE SERVICES CORP.		230	230 26
27	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.		18,789	18,789 27
28	V	30 DEPRECIATION		NUCARE SERVICES CORP.		4,762	4,762 28
29	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.		(2,231)	(2,231) 29
30	V	34 BUILDING RENT		NUCARE SERVICES CORP.		9,018	9,018 30
31	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.		5,877	5,877 31
32	V	39 ANCILLARY		NUCARE SERVICES CORP.		30	30 32
33	V						
34	V	17 MANAGEMENT FEES	217,945	NUCARE SERVICES CORP.			(217,945) 34
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 217,945			\$ 175,722	\$ * (42,223) 39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE AT 871# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 ADMIN. - R. HARTMAN	\$	NUCARE SERVICES CORP.	100.00%	\$ 79,927	\$ 79,927 15
16	V	17 ADMIN. - B. CARR		NUCARE SERVICES CORP.		16,989	16,989 16
17	V	17 ADMIN. - D. HARTMAN		NUCARE SERVICES CORP.		626	626 17
18	V	17 ADMIN. - E. DICKMAN		NUCARE SERVICES CORP.			
19	V	27 EMP. BEN. - R. HARTMAN		NUCARE SERVICES CORP.		1,694	1,694 19
20	V	27 EMP. BEN. - B. CARR		NUCARE SERVICES CORP.		774	774 20
21	V	27 EMP. BEN. - D. HARTMAN		NUCARE SERVICES CORP.		53	53 21
22	V	27 EMP. BEN. - E. DICKMAN		NUCARE SERVICES CORP.			
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$			\$ 100,063	\$ * 100,063 39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE AT 871# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 J. RAJCHENBACH-COMP.	\$	JLR MANAGEMENT CORP.	100.00%	\$ 8,056	\$ 8,056
16	V	21 OFFICE		JLR MANAGEMENT CORP.	100.00%	257	257
17	V	27 PAYROLL TAXES		JLR MANAGEMENT CORP.	100.00%	355	355
18	V						
19	V						
20	V						
21	V	17 MARVIN NEEDLE-CONS. FEES		JLR MANAGEMENT CORP.	100.00%		
22	V						
23	V						
24	V	17 MARK BERGER-CONS. FEES		JLR MANAGEMENT CORP.	100.00%		
25	V	21 SECRETARIAL		JLR MANAGEMENT CORP.	100.00%		
26	V						
27	V						
28	V						
29	V	17 MANAGEMENT FEES	120,000	JLR MANAGEMENT CORP.	100.00%		(120,000)
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 120,000			\$ 8,668	\$ * (111,332)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE AT 871# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

- B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 ADMINISTRATIVE	\$	CAREPATH HEALTH NETWORK	100.00%	\$ 28,793	\$ 28,793	15
16	V	19 PROFESSIONAL FEES		CAREPATH HEALTH NETWORK		696	696	16
17	V	20 FEES, SUBSCRIPTIONS		CAREPATH HEALTH NETWORK		1,208	1,208	17
18	V	21 CLERICAL AND GENERAL		CAREPATH HEALTH NETWORK		8,585	8,585	18
19	V	24 SEMINARS		CAREPATH HEALTH NETWORK		47	47	19
20	V	27 GEN ADMIN.- EMP. BEN.		CAREPATH HEALTH NETWORK		5,007	5,007	20
21	V							21
22	V							22
23	V							23
24	V	19 MANAGEMENT FEES	63,692	CAREPATH HEALTH NETWORK			(63,692)	24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 63,692			\$ 44,336	\$ * (19,356)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE AT 871# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	22 WORKMAN'S COMPENSATION	\$ 67,022	DIAMOND INSURANCE		\$ 67,022	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 67,022			\$ 67,022	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE AT 871# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$ 0	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE AT 871# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	0 \$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE AT 871# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	0 \$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE AT 871# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V			\$			\$	\$	15	
16	V								16	
17	V								17	
18	V								18	
19	V								19	
20	V								20	
21	V								21	
22	V								22	
23	V								23	
24	V								24	
25	V								25	
26	V								26	
27	V								27	
28	V								28	
29	V								29	
30	V								30	
31	V								31	
32	V								32	
33	V								33	
34	V								34	
35	V								35	
36	V								36	
37	V								37	
38	V								38	
39	Total			\$				\$ 0	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. # 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	ROBERT HARTMAN	OWNER	ADMINISTRATIVE	20.05%	SEE ATTACHED	4.05	6.23%	NuCare Mgmt	\$ 79,927	17-7	1
2	ROBERT HARTMAN	OWNER	ADMINISTRATIVE	20.05%	SEE ATTACHED	4.05	6.23%	Mgmt Fees	120,000	17-3	2
3	BERNARD HOLLANDER	OWNER	ADMINISTRATIVE	25.00%	SEE ATTACHED	2	3.08%				3
4	JACK RAJCHENBACH	OWNER	ADMINISTRATIVE	25.00%	SEE ATTACHED	3	4.62%	JLR Mgmt	8,056	17-7	4
5	DAVID HARTMAN	RELATIVE	ADMINISTRATIVE	NONE	SEE ATTACHED	0.6	1.33%	NuCare Mgmt	626	17-7	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 208,609		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees)
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE R # 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number (_____) _____

Fax Number (_____) _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE R # 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization NUCARE SERVICES CORP.
 Street Address 6677 N LINCOLN AVENUE
 City / State / Zip Code LINCOLNWOOD, IL 60712
 Phone Number (847) 933-2600
 Fax Number (847) 933-2601

B. Show the allocation of costs below. If necessary, please attach worksheets.

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS	634,333	8	\$ 6,475	\$	74,664	\$ 762	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	634,333	8	10,636	(714)	74,664	1,252	2
3	7	EMPLOYEE BEN. GEN. SERV.	AVAIL. CENSUS DAYS	634,333	8	(156)		74,664	(18)	3
4	10	NURSING ADMIN. COMP.	AVAIL. CENSUS DAYS	634,333	8	7,912	6,671	74,664	931	4
5	14	PROGRAM TRANSPORTATION	AVAIL. CENSUS DAYS	634,333	8	14,386		74,664	1,693	5
6	15	HEALTHCARE BENEFITS	AVAIL. CENSUS DAYS	634,333	8	1,462		74,664	172	6
7	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	634,333	8	15,970		74,664	1,880	7
8	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	634,333	8	22,883		74,664	2,693	8
9	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	634,333	8	1,091,620	894,249	74,664	128,489	9
10	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	634,333	8	7,875		74,664	927	10
11	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	634,333	8	3,960		74,664	466	11
12	26	INSURANCE	AVAIL. CENSUS DAYS	634,333	8	1,958		74,664	230	12
13	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	634,333	8	159,629		74,664	18,789	13
14	30	DEPRECIATION	AVAIL. CENSUS DAYS	634,333	8	40,461		74,664	4,762	14
15	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	634,333	8	(18,956)		74,664	(2,231)	15
16	34	BUILDING RENT	AVAIL. CENSUS DAYS	634,333	8	76,619		74,664	9,018	16
17	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	634,333	8	49,932		74,664	5,877	17
18	39	ANCILLARY	AVAIL. CENSUS DAYS	634,333	8	253	208	74,664	30	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 1,492,919	\$ 900,414		\$ 175,722	25

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE R # 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization NUCARE SERVICES CORP.
 Street Address 6677 N LINCOLN AVENUE
 City / State / Zip Code LINCOLNWOOD, IL 60712
 Phone Number (847) 933-2600
 Fax Number (847) 933-2601

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED	37	8	720,633	720,000	4	79,927	1
2	17	ADMIN. - B. CARR	AVG. HOURS WORKED	40	8	154,447	151,667	4	16,989	2
3	17	ADMIN. - D. HARTMAN	AVG. HOURS WORKED	12	8	12,200	12,000	1	626	3
4	17	ADMIN. - E. DICKMAN	AVG. HOURS WORKED	35	1	3,500	3,500			4
5	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED	37	8	15,274		4	1,694	5
6	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED	40	8	7,034		4	774	6
7	27	EMP. BEN. - D. HARTMAN	AVG. HOURS WORKED	12	8	1,028		1	53	7
8	27	EMP. BEN. - E. DICKMAN	AVG. HOURS WORKED	35	1	317				8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 914,433	\$ 887,167		\$ 100,063	25

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE R # 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization JLR MANAGEMENT CORP.
 Street Address 6633 NORTH LINCOLN
 City / State / Zip Code LINCOLNWOOD, IL. 60712
 Phone Number (847) 679-9141
 Fax Number (847) 679-1820

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	61	9	\$ 163,800	\$ 163,800	3	\$ 8,056
2	21	OFFICE	AVG. HOURS WORKED	61	9	5,235	3	257	2
3	27	PAYROLL TAXES	AVG. HOURS WORKED	61	9	7,210	3	355	3
4									4
5									5
6									6
7	17	MARVIN NEEDLE-CONS. FEES	AVG. HOURS WORKED	40	1	46,296			7
8									8
9									9
10	17	MARK BERGER-CONS. FEES	AVG. HOURS WORKED	40	2	15,000			10
11	21	SECRETARIAL	AVG. HOURS WORKED	40	2	5,000			11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 242,541	\$ 163,800		\$ 8,668

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE R # 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization CAREPATH HEALTH NETWORK
 Street Address 6633 N LINCOLN AVENUE
 City / State / Zip Code LINCOLNWOOD, IL 60712
 Phone Number (888) 707-6700
 Fax Number (847) 679-2150

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	ADMINISTRATIVE	CARE PATH FEES	608,174	14	\$ 274,940	\$ 273,771	63,692	\$ 28,793	1
2	19	PROFESSIONAL FEES	CARE PATH FEES	608,174	14	6,646		63,692	696	2
3	20	FEES, SUBSCRIPTIONS	CARE PATH FEES	608,174	14	11,535		63,692	1,208	3
4	21	CLERICAL AND GENERAL	CARE PATH FEES	608,174	14	81,974	63,989	63,692	8,585	4
5	24	SEMINARS	CARE PATH FEES	608,174	14	449		63,692	47	5
6	27	GEN ADMIN.- EMP. BEN.	CARE PATH FEES	608,174	14	47,810		63,692	5,007	6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 423,354	\$ 337,760		\$ 44,336	25

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE R # 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization DIAMOND INSURANCE
 Street Address 40 SKOKIE BLVD - SUITE 105
 City / State / Zip Code NORTHBROOK, IL 60062
 Phone Number (847) 559-1002
 Fax Number ()

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	22	DIAMOND INSURANCE	DIRECT ALLOCATION		\$	\$		\$ 67,022	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 67,022	25

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE R # 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE R # 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE R # 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE R # 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. # 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related Long-Term												
1	SHAREHOLDER LOAN	X					\$	3,612,540		9.50%	\$	361,293	1
2	MORTGAGE-BLDG CO.	X						9,568,394				760,150	2
3													3
4													4
5													5
	Working Capital												
6	DUE AFFILIATES-BLDG CO.	X						845,745					6
7								173,570					7
8													8
9	TOTAL Facility Related						\$	14,200,249			\$	1,121,443	9
	B. Non-Facility Related*												
10	Supplemental Schedule											(2,646)	10
11													11
12													12
13													13
14	TOTAL Non-Facility Related						\$				\$	(2,646)	14
15	TOTALS (line 9+line14)						\$	14,200,249			\$	1,118,797	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b# 0042093

Report Period Beginning:

01/01/00

Ending:

12/31/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6	7	8	9	10
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO				Original	Balance			
1	INTEREST INCOME		X				\$	\$			\$ (353) 1
2	INTEREST INC.-BLDG CO.	X									(62) 2
3	ALLOC. NUCARE SERV.	X									(2,231) 3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21							\$	\$			\$ (2,646) 21

Facility Name & ID Number **THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE** # **0042093** Report Period Beginning: **01/01/00** Ending: **12/31/00**

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 1999 report.	\$	42,581	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$	144,392	2
3. Under or (over) accrual (line 2 minus line 1).	\$	101,811	3
4. Real Estate Tax accrual used for 2000 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	275,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$		5
6. Subtract a refund of real estate taxes used previously to calculate a payment rate. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6	\$	376,811	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	1995		8
	1996		9
	1997		10
	1998	55,017	11
	1999	144,392	12

Beginning accrual does not match prior year cost report due to prior year adjustment.

Real Estate Taxes accrual is approximately \$23,000 per month.

FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 1999	\$ 13
14	PLUS APPEAL COST FROM LINE 5	\$ 14
15	LESS REFUND FROM LINE 6	\$ 15
16	AMOUNT TO USE FOR RATE CALCULATION	\$ 16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE AT 871 # 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 66,911 B. General Construction Type: Exterior MASONRY/BRICK Frame STEEL Number of Stories 4

C. Does the Operating Entity? ☐ (a) Own the Facility ☒ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? ☒ (a) Own the Equipment ☒ (b) Rent equipment from a Related Organization. ☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

NONE

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☒ YES ☐ NO
If so, please complete the following:

1. Total Amount Incurred: 263,860 2. Number of Years Over Which it is Being Amortized: 5 YEARS, 40 YEARS

3. Current Period Amortization: 3,964 4. Dates Incurred: 7/99

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>FACILITY</u>	<u>51,162</u>	<u>1994</u>	<u>\$ 703,613</u>	1
2					2
3	<u>TOTALS</u>	<u>51,162</u>		<u>\$ 703,613</u>	3

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE A# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	204		1999	1999	\$ 8,932,245	\$ 229,032	40	\$ 446,834	\$ 217,802	\$ 334,005	4
5			1999	1999	4,436	114	40	222	108	4,103	5
6											6
7											7
8											8
	Improvement Type**										
9	PARTITION WALL			1999	1,785	46	20	89	43	96	9
10	TILE			1999	397	10	20	20	10	28	10
11	INDUSTRIAL FENCE			1999	1,449	37	20	72	35	108	11
12	WALLPAPER			1999	414	11	20	21	10	32	12
13	WALLPAPER			1999	464	12	20	23	11	35	13
14	PARKING LOT			1999	12,650	324	20	633	309	950	14
15	SECURITY VCR			1999	1,107	28	20	55	27	83	15
16	2 MONUMENTS			1999	10,288	264	20	514	250	771	16
17	AWNING			1999	5,260	135	20	263	128	395	17
18	CARPET			1999	3,709	95	20	185	90	278	18
19	LANDSCAPING			1999	4,915	126	20	246	120	349	19
20	FENCE & GATES, BRICK			1999	19,870	509	20	994	485	1,408	20
21	SOLAR CONTROL PANELS			1999	777	20	20	20		20	21
22	TILE			1999	311	8	20	16	8	23	22
23	AIR CONDITIONING SYS			1999	1,235	32	20	62	30	83	23
24											24
25	PAGE 12-1 REP TOTALS				2,492	184		102	(82)	211	25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34	PAGE 12B TOTALS				20,438	276		276		276	34
35	PAGE 12A TOTALS				49,129	905		1,505	600	1,912	35
36	TOTAL (lines 4 thru 35)				\$ 9,073,371	\$ 232,168		\$ 452,152	\$ 219,984	\$ 345,166	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE A# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	3 ICE MACHINES			1999	470	12	20	24	12	32	9
10	WINDOW TREATMENTS			1999	1,613	41	20	81	40	108	10
11	ELECTRICAL WORK			1999	5,631	144	20	282	138	376	11
12	FENCE			1999	1,990	51	20	100	49	150	12
13	WALLCOVERING			1999	83	2	20	4	2	5	13
14	WINDOW TREATMENTS			1999	4,561	117	20	228	111	266	14
15	FLAGPOLE			1999	1,471	38	20	74	36	111	15
16	NURSES CALL SYS			1999	782	20	20	39	19	42	16
17	ELEVATOR			1999	1,531	39	20	77	38	83	17
18	CORNICE BOARDS			1999	875	22	20	44	22	51	18
19	SPRINKLER SYSTEM			1999	5,430	139	20	272	133	408	19
20	SCREENS			2000	630	3	20	3		3	20
21	WINDOW TRIMNT MRKTG			2000	784	19	20	19		19	21
22	BACK PATIO CANOPY			2000	8,627	138	20	138		138	22
23	IMPROVEMENT			2000	488	8	20	8		8	23
24	LANDSCAPING WORK			2000	2,486	29	20	29		29	24
25	2 LOCKS			2000	1,326	18	20	18		18	25
26	ELEVATOR REPAIR			2000	602	7	20	7		7	26
27	INSTLL 2 HNGS/ DR FR			2000	485	5	20	5		5	27
28	PATCH W/ASPHALT			2000	1,200	9	20	9		9	28
29	PURIFIER FILTER			2000	693	17	20	17		17	29
30	REPLACE FLOOR IN ELE			2000	1,750	13	20	13		13	30
31	CABLEING			2000	903	7	20	7		7	31
32	REPAIR TO FIRE ALARM			2000	985	3	20	3		3	32
33	WALLPAPER			2000	1,118	1	20	1		1	33
34	RERUN DRYER VENT LIN			2000	1,951	2	20	2		2	34
35	BOILER REPAIRS			2000	664	1	20	1		1	35
36	TOTAL (lines 4 thru 35)				\$ 49,129	\$ 905		\$ 1,505	\$ 600	\$ 1,912	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE A# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	CUBICLE DIVIDERS,WOR			2000	3,667	12	20	12		12	9
10	WANDERGUARD			2000	15,500	248	20	248		248	10
11	INSTALL MOLDING			2000	480	10	20	10		10	11
12	REPLACE BATTERIES			2000	791	6	20	6		6	12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				\$ 20,438	\$ 276		\$ 276	\$	\$ 276	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE A# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				\$	\$		\$	\$	\$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE A# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4					\$	\$		\$	\$	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36	TOTAL (lines 4 thru 35)				\$	\$		\$	\$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE A# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9			
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
4					\$	\$		\$	\$	\$	4	
5											5	
6											6	
7											7	
8											8	
9	Improvement Type**											
10												9
11												10
12												11
13												12
14												13
15												14
16												15
17												16
18												17
19												18
20												19
21												20
22												21
23												22
24												23
25												24
26												25
27												26
28												27
29												28
30												29
31												30
32												31
33												32
34												33
35												34
36	TOTAL (lines 4 thru 35)				\$	\$		\$	\$	\$	35	
											36	

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE A# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4					\$	\$		\$	\$	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36	TOTAL (lines 4 thru 35)				\$	\$		\$	\$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE A# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4					\$	\$		\$	\$	4
5										5
6										6
7										7
8										8
9	Improvement Type**									9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36	TOTAL (lines 4 thru 35)				\$	\$		\$	\$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE A# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4					\$	\$		\$	\$	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36	TOTAL (lines 4 thru 35)				\$	\$		\$	\$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE A# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9			
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
4					\$	\$		\$	\$	\$	4	
5											5	
6											6	
7											7	
8											8	
9	Improvement Type**											
10												9
11												10
12												11
13												12
14												13
15												14
16												15
17												16
18												17
19												18
20												19
21												20
22												21
23												22
24												23
25												24
26												25
27												26
28												27
29												28
30												29
31												30
32												31
33												32
34												33
35												34
36	TOTAL (lines 4 thru 35)				\$	\$		\$	\$	\$	35	
											36	

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE A# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4					\$	\$		\$	\$	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36	TOTAL (lines 4 thru 35)				\$	\$		\$	\$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE A# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	ALLOC. - NUCARE MANAGEMENT			1997	542	14	20	27	13	87	9
10	ALLOC. - NUCARE MANAGEMENT			1998	475	12	20	24	12	58	10
11	ALLOC. - NUCARE MANAGEMENT			1999	666	150	20	33	(117)	48	11
12	ALLOC. - NUCARE MANAGEMENT			2000	809	8	20	18	10	18	12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				\$ 2,492	\$ 184		\$ 102	\$ (82)	\$ 211	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE A# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9			
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
4					\$	\$		\$	\$	\$	4	
5											5	
6											6	
7											7	
8											8	
	Improvement Type**											
9											9	
10											10	
11											11	
12											12	
13											13	
14											14	
15											15	
16											16	
17											17	
18											18	
19											19	
20											20	
21											21	
22											22	
23											23	
24											24	
25											25	
26											26	
27											27	
28											28	
29											29	
30											30	
31											31	
32											32	
33											33	
34											34	
35											35	
36	TOTAL (lines 4 thru 35)				\$	\$		\$	\$	\$	36	

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a # 0042093

Report Period Beginning:

01/01/00

Ending:

12/31/00

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
37	Purchased in Prior Years	\$ 1,082,102	\$ 383,443	\$ 107,898	\$ (275,545)		\$ 170,326	37
38	Current Year Purchases	92,286	16,864	6,591	(10,273)		6,591	38
39	Fully Depreciated Assets							39
40								40
41	TOTALS	\$ 1,174,388	\$ 400,307	\$ 114,489	\$ (285,818)		\$ 176,917	41

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
42				\$	\$	\$	\$		\$	42
43										43
44										44
45										45
46	TOTALS			\$	\$	\$	\$		\$	46

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
47	Total Historical Cost (line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)	\$ 10,951,372	47
48	Current Book Depreciation (line 36,col.5 + line 41,col.2 + line 46,col.5)	\$ 632,475	48
49	Straight Line Depreciation (line 36,col.7 + line 41,col.3 + line 46,col.6)	\$ 566,641	49
50	Adjustments (line 36,col.8 + line 41,col.4 + line 46,col.7)	\$ (65,834)	50
51	Accumulated Depreciation (line 36,col.9 + line 41,col.6 + line 46,col.9)	\$ 522,083	51

**

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
52		\$	\$	\$	52
53					53
54					54
55					55
56					56
57	TOTALS	\$	\$	\$	57

G. Construction-in-Progress

	Description	Cost	
58		\$	58
59			59
60			60
61		\$	61

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE AT 87TH STREET
0042093
RELATED COMPANY MOVABLE EQUIPMENT SCHEDULE
12/31/00

COMPANY NAME	COST	CURRENT BOOK (FED) DEPRECIATION	STRAIGHT LINE DEPRECIATION	ADJUSTMENTS	ACCUMULATED S/L DEPRECIATION
LINE 28: PRIOR YEARS					
RENAISSANCE AT 87TH STREET	90,762	31,189	9,078	(22,111)	12,359
BEVERLY LP	968,413	348,629	96,841	(251,788)	145,262
NUCARE MANAGEMENT	22,927	3,625	1,979	(1,646)	12,705
TOTALS	1,082,102	383,443	107,898	(275,545)	170,326

LINE 29: CURRENT YEAR

RENAISSANCE AT 87TH STREET	87,417	15,910	6,317	(9,593)	6,317
BEVERLY LP					
NUCARE MANAGEMENT	4,869	954	274	(680)	274
TOTALS	92,286	16,864	6,591	(10,273)	6,591

LINE 30: FULLY DEPRECIATED

RENAISSANCE AT 87TH STREET					
BEVERLY LP					
NUCARE MANAGEMENT					
TOTALS					

TOTALS (Should Tie to Totals on Page 13)

RENAISSANCE AT 87TH STREET	178,179	47,099	15,395	(31,704)	18,676
BEVERLY LP	968,413	348,629	96,841	(251,788)	145,262
NUCARE MANAGEMENT	27,796	4,579	2,253	(2,326)	12,979
TOTALS	1,174,388	400,307	114,489	(285,818)	176,917

Facility Name & ID Number	THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RE #	0042093	Report Period Beginning:	01/01/00	Ending:	12/31/00
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XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☒ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ 121,780			3
4	Additions							4
5	Alloc. NuCare				9,018			5
6	Renaissance at Beverly LP				(121,674)			6
7	TOTAL				\$ 9,124			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: _____*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

☐ YES ☐ NO

16. Rental Amount for movable equipment: \$ 9,669 Description: Copy Machine \$3,792; Alloc. From NuCare \$5,877.

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$		17
18					18
19					19
20					20
21	TOTAL		\$		21

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending	Annual Rent
--------------------	-------------

12. /2001 \$

13. /2002 \$

14. /2003 \$

*** If there is an option to buy the building, please provide complete details on attached schedule.**

**** This amount plus any amortization of lease expense must agree with page 4, line 34.**

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE AT 87 # 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00
 XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.	2. CLASSROOM PORTION:	3. CLINICAL PORTION:
	IN-HOUSE PROGRAM <input type="text"/>	IN-HOUSE PROGRAM <input type="text" value="80"/>
	IN OTHER FACILITY <input type="text"/>	IN OTHER FACILITY <input type="text"/>
	COMMUNITY COLLEGE <input type="text" value="120"/>	HOURS PER AIDE <input type="text" value="80"/>
	HOURS PER AIDE <input type="text" value="120"/>	

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$ 1,075	\$ 4,087	\$	\$ 5,162
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)	4,730	17,974		22,704
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$ 5,805	\$ 22,061	\$	\$ 27,866
10	SUM OF line 9, col. 1 and 2 (e)	\$ 27,866			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	19
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	5
2. From other facilities (f)	
TOTAL TRAINED	24

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
 (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
 (c) For in-house training programs only. Do not include fringe benefits.
 (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
 (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

Facility Name & ID Number

THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE # 0042093

Report Period Beginning:

01/01/00

Ending:

12/31/00

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
			1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 647,692	\$
2	Licensed Speech and Language Development Therapist	39-3	hrs			1,555			1,555	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			2,917			2,917	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	**SEE SUPPLEMENTAL Other (specify): SCHEDULE**					4,467	388,816		393,283	13
14	TOTAL			\$		\$ 656,631	\$ 388,816		\$ 1,045,447	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SUPPLEMENTAL SCHEDULE OF MEDICAL SUPPLIES

<u>Special Services - Supplies (Column 6 - Other)</u>	<u>Amount</u>
1 Bed Rental	81,152
2 Oxygen	7,897
3 Enternal Feeding	54,368
4 Laboratory	17,508
5 X-ray	1,935
6 Pharmacy	225,956
7	
8	
9	
10	
	<u>388,816</u>
<u>Outside Therapies (Column 5 - Other)</u>	<u>Amount</u>
1 Urological	4,467
2	
3	
4	
5	
6	
7	
8	
9	
10	
	<u>4,467</u>

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE REI# 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00
 XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/00 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits	4,073	4,073	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	3,481,746	3,481,746	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	33,041	64,669	6
7	Other Prepaid Expenses	36,832	36,832	7
8	Accounts Receivable (owners or related parties)	744,037	(479,888)	8
9	Other(specify): See supplemental schedule	8,226	107,270	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,307,955	\$ 3,214,702	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		703,613	13
14	Buildings, at Historical Cost		8,936,681	14
15	Leasehold Improvements, at Historical Cos	134,199	134,199	15
16	Equipment, at Historical Cost	179,897	1,148,310	16
17	Accumulated Depreciation (book methods)	(63,813)	(843,454)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		263,860	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(4,808)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See supplemental schedule	200	200	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 250,483	\$ 10,338,601	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,558,438	\$ 13,553,303	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,153,046	\$ 2,153,046	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	10,613	10,613	28
29	Short-Term Notes Payable	173,570	1,019,315	29
30	Accrued Salaries Payable	236,259	236,259	30
31	Accrued Taxes Payable (excluding real estate taxes)	36,201	36,201	31
32	Accrued Real Estate Taxes(Sch.IX-B)		275,000	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See supplemental schedule	421,872	421,872	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,031,561	\$ 4,152,306	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	3,612,540	3,612,540	39
40	Mortgage Payable		9,568,394	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See supplemental schedule			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 3,612,540	\$ 13,180,934	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,644,101	\$ 17,333,240	46
47	TOTAL EQUITY (page 18, line 24)	\$ (2,085,663)	\$ #REF!	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,558,438	\$ #REF!	48

*(See instructions.)

STATE OF ILLINOIS

Page 17 SUPP-1

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE F# 0042093

Report Period Beginning: 01/01/00

Ending:

12/31/00

SUPPLEMENTAL SCHEDULE OF OTHER ASSETS & LIABILITIES

As of 12/31/00

OTHER CURRENT ASSETS:

	Amount	Amount
Employee Loans	8,226	8,226
Escrow - Insurance		14,000
Escrow - Real Estate Tax		48,000
Escrow - Replacement Reserve		37,044

8,226	107,270
-------	---------

OTHER NON CURRENT ASSETS:

Security Deposit	200	200
------------------	-----	-----

200	200
-----	-----

OTHER CURRENT LIABILITIES:

	Amount	Amount
Accrued Management Fees	421,872	421,872

421,872	421,872
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OTHER NON CURRENT LIABILITIES:

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XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,076,424)	1
2	Restatements (describe):		2
3	Schedule attached	(594,546)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,670,970)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	585,307	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 585,307	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (2,085,663)	24

* This must agree with page 17, line 47.

Facility Name & ID Number	THE RENAISSANCE AT BEVERLY, I#	0042093	Report Period Beginning:	01/01/00	Ending:	12/31/00
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Balance per General Ledger	(2,670,970)
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Adjustments:

-

-

-

January 2000 activity	594,546
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Total adjustments

594,546

Balance - Beginning of Year

(2,076,424)

Equity(Deficit) from Page 17 Col 1

(2,085,663)

Related Party

Equity(Deficit)

-26206

Income

-1668068

(1,694,274)

Combined Equity - End of Year

(3,779,937)

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a # 0042093 Report Period Beginning: 01/01/00

Ending: 12/31/00

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 9,525,319	1
2	Discounts and Allowances for all Levels	(1,160,765)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,364,554	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,023,433	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,023,433	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radic		15
16	Rental of Facility Space		16
17	Sale of Drugs	283,674	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	35,833	19
20	Radiology and X-Ray	2,060	20
21	Other Medical Services	75,780	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 397,347	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	353	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 353	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See supplemental schedule	1,884	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,884	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,787,571	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,415,802	31
32	Health Care	3,756,569	32
33	General Administration	2,223,712	33
	B. Capital Expense		
34	Ownership	536,802	34
	C. Ancillary Expense		
35	Special Cost Centers	1,157,383	35
36	Provider Participation Fee	111,996	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,202,264	40
41	Income before Income Taxes (line 30 minus line 40)**	585,307	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 585,307	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Cash Basis If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

DESCRIPTION	AMOUNT
1 Misc. Income - Meals (Adjust out on Page 5)	124
2 Misc. Income - Copies (Adjust out on Page 5)	100
3 Misc. Income - Jury Duty (Adjust out on Page 5)	69
4 Misc. Income - Telephone (Adjust out on Page 5)	8
5 Misc. Income - Food Rebate (Adjust out on Page 5)	1,583
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
TOTALS	1,884

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE REN

0042093

Report Period Beginning:

01/01/00

Ending:

12/31/00

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,551	3,785	\$ 111,526	\$ 29.47	1
2	Assistant Director of Nursing	2,673	2,850	64,205	22.53	2
3	Registered Nurses	26,339	27,901	550,632	19.74	3
4	Licensed Practical Nurses	52,659	55,199	842,848	15.27	4
5	Nurse Aides & Orderlies	121,675	128,266	1,013,298	7.90	5
6	Nurse Aide Trainees	3,722	3,784	22,704	6.00	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,747	7,160	62,292	8.70	8
9	Activity Director	1,994	2,167	33,719	15.56	9
10	Activity Assistants	19,009	20,470	166,601	8.14	10
11	Social Service Workers	7,855	8,389	106,937	12.75	11
12	Dietician	3,654	3,934	57,088	14.51	12
13	Food Service Supervisor					13
14	Head Cook	8,595	9,003	79,770	8.86	14
15	Cook Helpers/Assistants	23,455	24,050	154,742	6.43	15
16	Dishwashers					16
17	Maintenance Workers	5,065	5,352	67,719	12.65	17
18	Housekeepers	3,898	4,106	28,257	6.88	18
19	Laundry	953	988	7,657	7.75	19
20	Administrator	2,034	2,091	84,009	40.18	20
21	Assistant Administrator					21
22	Other Administrative	2,032	2,080	36,000	17.31	22
23	Office Manager					23
24	Clerical	18,258	19,634	281,971	14.36	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	8,973	9,545	179,926	18.85	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	6,187	6,579	65,092	9.89	31
32	Other Health Care(specify)					32
33	Other(specify)	3,600	3,823	111,936	29.28	33
34	TOTAL (lines 1 - 33)	331,928	351,156	\$ 4,128,929 *	\$ 11.76	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	MONTHLY	\$ 10,742	1-3	35
36	Medical Director	MONTHLY	42,750	9-3	36
37	Medical Records Consultant	81	6,245	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	MONTHLY	3,672	10-3	39
40	Physical Therapy Consultant	191	8,038	10a-3	40
41	Occupational Therapy Consultant	818	18,588	10a-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	428	18,033	12-3	45
46	Other(specify)				46
47	Contracted Labor - Social Service	2,533	19,778	12-3	47
48					48
49	TOTAL (lines 35 - 48)	4,051	\$ 127,846		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	254	\$ 12,148	10-3	50
51	Licensed Practical Nurses	1,572	48,461	10-3	51
52	Nurse Aides	8,580	157,302	10-3	52
53	TOTAL (lines 50 - 52)	10,406	\$ 217,911		53

SUPPLEMENTAL SCHEDULE OF STAFFING AND SALARY COSTS

B. CONSULTANT SERVICES

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
Marketing Salary -	3,201	3,400	\$ 102,184	\$ 30.05
Adjusted out on Pg 5A				
Home Office Allocation	399	423	9,752	23.05
Therapy Director				
	<u>3,600</u>	<u>3,823</u>	<u>\$ 111,936</u>	<u>\$ 29.28</u>

Facility Name & ID Number

THE RENAISSANCE AT BEVERLY, INC. d/b/a

STATE OF ILLINOIS

0042093

Report Period Beginning:

01/01/00

Page 21

Ending: 12/31/00

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Charles Ross (1/01 - 12/31/00)	Administrator	0	\$ 84,009
Barry Carr	Administrative	0	36,000
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 120,009

B. Administrative - Other

Description	Amount
Management Fees - NuCare Services	\$ 217,945
Management Fees - JLR Management	120,000
Management Fees - Robert Hartman	120,000
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	\$ 457,945

C. Professional Services

Vendor/Payee	Type	Amount
CarePath Health Network	Network	\$ 63,692
Personnel Planner	Unemployment Consultant	945
FR&R	Accounting	35,133
Various - See Attached	Computer	35,257
Various - See Attached	Legal	49,105
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)		\$ 184,132

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 67,022
Unemployment Compensation Insurance	92,502
FICA Taxes	312,131
Employee Health Insurance	158,654
Employee Meals	28,987
Illinois Municipal Retirement Fund (IMRF)*	
Chicago Head Tax	7,644
Payroll Taxes Reimbursed	6,796
Union Pension	16,510
TOTAL (agree to Schedule V, line 22, col.8)	\$ 690,246

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
TOTAL		\$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	\$
Advertising: Employee Recruitment	14,379
Health Care Worker Background Check (Indicate # of checks performed 224)	2,237
Yellow Page Advertising	221
Advertising & Promotion	166,938
License, Permits & Fees	8,464
Dues & Subscription	7,181
Alloc. NuCare	2,693
Alloc. CarePath	1,208
Less: Public Relations Expense	(267)
Non-allowable advertising	(166,938)
Yellow page advertising	(221)
TOTAL (agree to Sch. V, line 20, col. 8)	\$ 35,895

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	
Seminar Expense	5,695
Alloc. NuCare	927
Alloc. CarePath	47
Entertainment Expense	()
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 6,669

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number THE RENAISSANCE AT BEVERLY, INC. d/b/a THE RENAISSANCE # 0042093 Report Period Beginning: 01/01/00 Ending: 12/31/00

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN, LPN, NA) represented by a union? YES
- (2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. Illinois Council of Long Term Care \$5,019
- (3) Did the nursing home make political contributions or payments to a political action organization? YES If YES, have these costs been properly adjusted out of the cost report? YES
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 10 YEARS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 30,114 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over _____
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 111,996
This amount is to be recorded on line 42 of Schedule V
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. \$ 28,987 Has any meal income been offset against related costs? NO Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 100% of line
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? NO
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? _____ If no, please explain. _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? YES
Attach invoices and a summary of services for all architect and appraisal fees.

Date: 07/17/2000

To: Administrator/Cost Report Preparer

From: Office of Health Finance

Re: 2000 Long Term Care Cost Report and Instructions on Diskette
Information Regarding the Lotus 5.0 and Excel 97 Versions of the Cost Report

Enclosed you will find a copy of the 2000 cost report and instructions on diskette. For 1999, the majority of nursing homes used the diskette to prepare their cost report. We would appreciate it if you could complete your 2000 cost report using this diskette.

If you choose not to use the diskette, you may print the 2000 cost report form and manually complete the report. If you do not have the ability to print the cost report form and instructions, please contact our office at 217/782-1630 to request a paper copy to be mailed to you.

As is stated on page 1 of the cost report instructions, this report should cover the facility's fiscal year ending in 2000. It is due on September 30, 2000, or ninety days after the close of the facility's fiscal year, **whichever comes later**. Please refer to the instructions for the remainder of the filing requirements.

There are two 2000 cost report files on the disk you have received. One file has been created for use with Lotus 5.0 for Windows. The other file has been created for use with Excel 97. A copy of the 2000 cost report instructions has been included on the diskette also. The name of the file is Instr00. It has been created for use with Word Perfect 6.1. Please use this 2000 diskette. **Printed copies of the report from the 1999 cost report diskette or earlier diskettes will NOT be accepted.**

Each page is on a separate worksheet. The file has been sealed. The cells where data is to be entered have been unprotected. Do not change the cost report form. We must have every form the same. Any changes made to the cost report form will cause us to consider the filed cost report incomplete until the form is correctly filed. Complete page one first. The facility name, IDPH ID# and the report period dates have been linked to each page. (Be sure to enter the IDPH licensed name of the facility.) **When entering data on pages 3 and 4, do not include decimals. Please round to whole numbers. When entering the years on page 12 do not enter various or other text in columns 2 or 3.**

Print macros have been written that will print each individual page or the entire report.

WARNING: Do NOT use drag & drop, cut or move commands. These commands may ruin the file and/or formulas. Then you will have to close the file and start from the last time you saved it.

As you know, save your work frequently to prevent losses of large amounts of information.

The cost report must be printed on 8 ½ by 14 size white paper with an 8 ½ by 14 image on the paper. To ensure an 8 ½ by 14 size image, check the paper size in the Printer Setup. When printing the cost report, be sure the "Selected Range" is checked. If "Current Worksheet" or "All Worksheets" are selected, the printed report will be smaller than it should be. These three selections appear in the Print dialog box. **Please do not reduce the image to 8 ½ by 11. We cannot accept a report with an 8 ½ by 11 image.** After printing the cost report, please review the copy for accuracy and completeness before mailing it to The Office of Health Finance. **Please send in the completed diskette with your paper copy, (being sure to make a copy of the diskette for your records).** Also, please make sure both the completed diskette and the paper copy agree prior to sending to our office.

Notes Applicable only to Lotus users

The entire cost report is in one file named Report00.wk4. A print preview button has been added to the bottom of each page. You may want to preview each page to ensure there are no problems before you print the entire cost report. To preview a page, click this button, then click File-Preview as normal. Also, macros have been written that will allow you to change the column width or row height of a cell or range of cells. **Only use these commands on the extra pages (24 through 33).** The print menu or the other macros menu will appear on the menu bar after you click the macro button. A macro that allows you to "Freeze Both Titles" has been added also. This will be helpful for data entry. **When saving the file in Lotus, please save it as a "WK4" file type instead of a "123" file type. To do this, click File-Save As, and then ensure the file type is "WK4".**

To copy worksheets that you have created into the blank pages at the end of the report, use File-Combine. This will bring in the styles you used in your worksheet (except for the column width and the row height). This does not work if you are using Lotus 97. Extra sheets for pages 6, 8 and 12 have been included in the file. Click the macro buttons on these pages to make them available.

Notes Applicable only to Excel users

The entire cost report is in one file named Report00.xls. In an Excel 97 file that has been sealed, you can press the Tab key to go to the next unprotected cell. By pressing Shift-Tab, you can go to the previous unprotected cell. Extra sheets for pages 6, 8 and 12 have been included in the file. Click Format-Sheet-Unhide to see the sheets available. Also there are some blank unprotected sheets after "Page 23".

If you have any questions concerning the diskette, please call Randy Hulskotter at (217) 782-1630.

RH/rw